T.R. Status Report

January 13, 2021

Submitted under the

Settlement Agreement

in *T.R. v. Birch and Strange*

Hon. Thomas S. Zilly

U.S. District Court, Seattle

No. C09-1677-TSZ

Washington State Health Care Authority

Washington State Department of Social & Health Services

Transforming lives

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Wraparound with Intensive Services (WISe) Implementation Status Report

Introduction

In the past year, Wraparound with Intensive Services (WISe) has expanded to provide depth and reach to Washington's Medicaid children and youth. While much of the exit criteria for Court and Plaintiffs' Counsel oversight have been resolved, the State remains focused on meeting the remaining WISe access and intensity criteria discussed in this report. At the same time, WISe has demonstrated resilience to the challenges of COVID-19 by delivering services through telehealth and other measures. The State is confident that it can soon resolve the outstanding exit criteria by June 30, 2021.

In December 2013, the State of Washington settled *T.R. v. Birch and Strange* (formerly Dreyfus and Porter), filed four years earlier, which required the State to provide children and youth on Medicaid with intensive mental health services in homes and community settings. In the settlement, Washington State committed to developing intensive mental health services, based on a "wraparound" model, so that eligible youth can live and thrive in their homes and communities and avoid or reduce costly and disruptive out-of-home placements. As part of the settlement, Washington State developed Wraparound with Intensive Services (WISe). WISe is designed to provide comprehensive behavioral health services and supports to Medicaid-eligible individuals, up to 21 years of age, with complex behavioral needs and to assist their families on the road to recovery.

By early 2018, parties acknowledged that the State would not have completed all exit criteria by the original anticipated completion date of June 2018. In April 2018, the parties submitted a Stipulation to the Court with clarifications to various exit criteria of the T. R. Settlement Agreement and to further apprise the Court on the status of the implementation efforts. In June 2019, it was determined the State needed additional time to allow demonstration of exit criteria established in the T.R. Settlement Agreement. On July 1, 2019, the parties determined an additional 12 months (July 1, 2019 - June 30, 2020) would be necessary to complete all exit criteria and agreed to further clarifications to the exit criteria in para 69(c) of the Settlement Agreement. In July 2020, the parties agreed that most issues in the settlement agreement had been resolved and were complete. However, five issues remain unresolved and a 12-month extension (July 1, 2020 - June 30, 2021) was agreed upon to demonstrate substantial compliance.

Until the full exit of the settlement agreement, the State will provide the Court, the plaintiffs, and the public with an annual T. R. Status Report that describes progress in meeting obligations under the agreement. This T. R. Status Report is the seventh annual report and will focus on the remaining unresolved exit criteria.

This year's report focuses on the remaining unresolved exit criteria. Those five criteria are A.) access and service delivery; B.) the distribution of the WISe service array; C.) utilization

by eligible children and youth; D.) statewide capacity and service intensity, and E.) execution of the Implementation Plan as approved or amended. Each of these criteria are addressed in Section I, along with a description of the COVID impact to that issue and the State's response.

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I. Summary of Progress

Over the past year, Health Care Authority continued work with all levels of the child serving system on targeted efforts to accomplish obligations identified during T. R. mediation while at the same time maintaining statewide implementation benchmarks. Partners in this work include the Department of Children, Youth, and Families (DCYF), Department of Social and Health Services/Developmental Disabilities Administration (DSHS/DDA), statewide and regional Family, Youth, System Partner Round Tables (FYSPRTs), WISe agencies, and Managed Care Entities (i.e. Behavioral Health Organizations and Managed Care Organizations).

Areas of focus included:

- Access and Service Delivery;
- Due Process;
- Quality Management Plan; and
- Providing WISe and Behavior Rehabilitation Services (BRS) concurrently

With teaming across all system levels, in July 2020, the State successfully exited from 24 of the 29 T.R. exit criteria. Highlights of these accomplishments include:

- Adopting and using consistent procedures statewide to identify Class members for possible eligibility for the WISe Program and Services;
- Adopting and using consistent procedures to inform Class members and other stakeholders about the WISe Program, eligibility, and access;
- Using CANS statewide to assess individual and family strengths and needs, support clinical decision-making and practice and to measure and communicate the outcomes of WISe;
- Achieving improved outcomes for youth in the WISe program, as measured by improvements in CANS domain scores and/or relevant clinical items from the CANS;
- Developing and using a mechanism (the WISe Workforce Collaborative) to provide cross-system training and technical assistance on the implementation of CANS and WISe for agencies and providers of child-serving agencies;
- Providing access and services to youth jointly served by BRS and behavioral health agencies consistent with the WISe service delivery model and the Access protocol;
- Including in charters a stated recognition of youth- and family-voice and values;
- Including youth and families in governance and policy development through Family Youth System Partner Roundtables; and
- Developing and using the WISe Quality Plan.

The State has an extension through June 2021 to demonstrate substantial compliance in the five remaining exit criteria. This report will highlight the status of each of these remaining criteria. Status updates will also include any available information on COVID impacts.

1. Focus on Unresolved T. R. Exit Criteria

A. WISe Access and Service Delivery

One of the remaining exit criteria, paragraph 67(b), requires the State to adopt and use the WISe access protocol statewide to identify, screen, assess, refer and link Class members to WISe program and services. To address this obligation, Washington monitors regional screening numbers and caseloads on a regular basis. Predictive modeling that builds upon the foundation of the proxy (see "Statewideness of WISe Caseload", October 2020) is used to assess whether regional caseloads are aligned with needs based on the characteristics and population size of Medicaid youth in the service area. The parties are continuing to discuss the State's method for predictive modeling to assess regional caseloads needs and have not yet reached agreement.

The parties agree that current data indicates at least two of ten regions (North Central, Spokane) need to grow capacity; both of those regions received significant contract target increases in July 2020 to help them move toward higher service numbers. The parties will continue discussing caseloads for the other eight regions.

More detailed information on WISe Screenings in Washington State can be found in the Statewide WISe screening report. Regional versions are not posted online, due to small numbers, but was most recently shared with Plaintiffs' counsel in September 2020.

For these reports, the full implementation service target in the "Statewideness of WISe Caseload" reports have been adjusted upward from 3,150 to 3,250, effective July 2020, based on projected growth in the child Medicaid population (See section C, Utilization of WISe, for additional information). Using a similar approach, the parties will continue evaluating the alignment of regional screening volume with the characteristics and population size of Medicaid youth in the service area. While data indicates that the screening volume is generally on track within each region, Plaintiffs have ongoing concerns that screening data indicates there may be significant under-screening of young adults (18-20 year olds).

To highlight pathways for WISe referrals and screening the WISe Access Protocol was developed prior to WISe implementation. The annual 2020 WISe Manual update included edits to the WISe Access Protocol to better reflect the process for checking eligibility for members of a Managed Care Entity (MCE) and non-MCE beneficiaries (i.e. American Indian/Alaska Native beneficiaries getting FFS WISe). The edits can be found in the 2020 WISe manual, Section 3, page 21 "WISE Access Protocol/Access Model for Wraparound with Intensive Services (WISe)."

Specific information and protocols for referring youth to WISe can also be found online. Information sheets are on the WISe HCA website under the header "Where can I find guidance for referring to WISe?" Referral protocols for providers and system partners can be found online at the HCA WISe website as well.

COVID impact and response: HCA and MCOs worked diligently to assist providers to adapt to restrictions under COVID. HCA held on-going webinars to keep providers updated and answer questions from the field. On March 19, 2020, Washington State's request to the Centers for Medicare & Medicaid Service (CMS) for Medicaid flexibility was approved under Section 1135. This allows reimbursement for telephone visits at the same rate as telehealth video visits. More info available at: https://www.hca.wa.gov/information-about-novel-coronavirus-covid-19 MCOs and the WISe Workforce Collaborative continued with planned meetings and coaching to support implementation telehealth.

B. WISe Service Array

Another of the unresolved exit criteria is related to the WISe "service array." Exit criteria paragraph 67(c) requires the provision of the full WISe service array statewide. For this requirement, the WISe Service Characteristics report is generated to identify an overview of all treatment modalities offered and for the system to monitor outcomes. The most current report shows that every region is providing the full WISe service array, though the volume of services within different service modalities differs across the state. Variations on these metrics are expected and result from several factors including: tailoring the program to the needs and preferences of clients and families; the different compositions of service populations across entities; and the different billing/encountering practices across entities.

There may also be real differences in services offered to WISe clients by different providers or in different regions. Therefore, the WISe service characteristics report is used to assess whether minimum service expectations are being met and whether variations in the service package are significant enough to warrant further discussion and follow-up.

For example, by WISe program standards, each youth should have at least one Child and Family Team (CFT) meeting per month. The WISe Manual requires a minimum of one CFT meeting per month: "Meeting frequency should be determined by needs intensity. Monthly meetings are a minimum requirement" (WISe Manual, p 11). A minimum meeting length is not specified.

The CY2020 Q3 WISe Characteristics Report indicates that statewide in CY 2019, WISe clients had an average of 1.6 hours per month in Child and Family Team Meetings, and that this varied from 0.9 hours CFT in North Central to 2.6 hours CFT in North Sound (King County was in between at 1.1 hours). There has been improvement from prior years when some regions, including King County, showed only a negligible fraction of service hours reflecting CFT meetings (e.g., SFY 2017). Nevertheless, in regions in which CFT average service hours are 1.0 hour or below, this indicates that some youth are likely not getting the required monthly CFT.

This conclusion has been confirmed the WISe Quality Improvement Review Tool (QIRT), which includes measures to assess frequency of CFT meetings. The most recent QIRT information available is from the first two quarters (quarter 1, 2020 and quarter 2, 2020) of the 2020 QIRT review cycle, and summarizes findings from QIRT reviews of 10 WISe

agencies. These reviews focused on the first 90 days of WISe services. Of the 91 files reviewed in these two quarters, the majority of clients had a CFT meeting frequency consistent with the monthly CFT expectation: 63% had 2 or 3 CFT meetings in the first 90 days of WISe. However, 29% had only 1 CFT in the first 90 days, and 9% had no CFTs in the first 90 days. When QIRT data suggests that a WISe provider agency is not meeting a core WISe Manual expectation, such as holding consistent monthly CFTs, additional coaching and technical assistance is provided to that agency via the WISe Workforce Collaborative to support targeted quality improvement. In addition, WISe providers are receiving training from the State's consultant, the PRAED Foundation, and HCA staff on the use of the QIRT. This training supports ongoing monitoring of provider-level practices, including CFT frequency.

COVID impact and response: WISe practitioners are adapting and providing telehealth to deliver the WISe service array. Preliminary data suggests that telehealth and other remote technologies accounted for 1% of WISe service encounters prior to March 2020, and climbed to about two-thirds of service encounters by summer 2020. In addition to behavioral health, providers in King County and Clark County have dropped materials at the residence for individual, group or CFT sessions, as well as family activities and food delivery.

C. Utilization for WISe

Exit Criteria paragraph 67(i) requires the State to establish a range of estimated service utilization with an expectation that the State is providing WISe statewide within that range. The April 2018 stipulations between the parties state that:

> "Utilization for WISe is reached when the annual unduplicated caseload is 82.5% of the estimated number of class members to be served. The parties agree that until June 30, 2019, the estimated number of class members to be served will be 7,000 annually, and the Defendants will have reached utilization if by that time, the monthly caseload count is 2,600.
>
> Should substantial compliance not be achieved by June 30, 2019, the annual service target will be adjusted on an annual basis to reflect the most recently available annual caseload growth rate for Washington's age 0-20 Medicaid population."

Substantial compliance was not achieved by June 30, 2019 and the annual growth of the Medicaid population (SFY 2017-2018) was reviewed at that time and was found to be a negligible decline. Therefore, the statewide utilization target was held at 2,600 through SFY20. The statewide monthly WISe caseload surpassed 2,600 in May 2019 (see 2020 Q1 WISe Dashboard, section "WISe Implementation Progress"). See WISe Quarterly Dashboard Q3, 2020. The "Statewideness of WISe Caseload" is used by the state as a monitoring tool and was most recently shared with plaintiffs' counsel in October 2020.

In July 2020, parties agreed to a partial exit and extension of 12 months to demonstrate completion of the remaining criteria. The annual service target for full implementation has

been adjusted to reflect projected 3.2% growth (see "Annual Medicaid Caseload Growth", August 2020) rate for Washington's age 0-18 Medicaid population. Based on this review and effective July 1, 2020, the estimated number of class members to be served annually is 7,225 and the monthly caseload at full implementation is 3,250. Substantial compliance of 82.5% for the monthly caseload count is 2,685. The state is also reviewing the "Annual Medicaid Caseload Growth" report to determine if the Caseload Forecast Council's forecast for 19 & 20 year old youth can be incorporated into the modeling for Categorically Needy Children.

For SFY21, starting in July 2020, contracts with MCOs for WISe capacity were adjusted to reflect the annual Medicaid caseload growth and characteristics and population size of Medicaid youth in regional service areas. HCA has contracted with MCOs to have 3,276 youth receive WISe monthly, slightly above the T.R. full implementation target of 3,250. Two regions of the state, North Central and Spokane, will need to increase workforce and number of WISe teams to meet the newly increased contract monthly caseload targets. Both regions have been informed to begin the hiring process. In other regions of the state, two new agencies were added to the WISe roster: Wahkiakum County Health and Human Services and Casteele, Williams and Associates (CWA) in Pierce County.

COVID impact and response: The data reviewed thus far show little impact of COVID on WISe caseloads. The only observed decrease has been in the summer months, consistent with seasonal trends in past years. However, providers in North Central and Spokane who need to recruit and hire new staff have expressed concern about unknown hiring patterns during a pandemic and share it is unclear how timely this process will be.

D. WISe capacity and service intensity across Washington

Exit Criteria paragraph 67 (i) requires the State to establish an estimated service utilization range, and provide services within that range. Paragraph 67(j) similarly requires the State to build statewide capacity to provide WISe services to all youth for whom WISe is medically necessary and provide services within the identified range. To demonstrate substantial compliance for Paragraphs 67(i) and (j) of the Settlement Agreement, the state agreed to the following:

- Utilization for WISe is reached when the annual unduplicated caseload is 82.5% of the estimated number of class members to be served;
- For purposes of translating between the annual unduplicated caseload and monthly unduplicated caseload, the parties have agreed that the State will use a nine month average for service duration; and
- The average statewide WISe service intensity must be no lower than 10.5 hours per month, but no Region will have an average service intensity lower than 9 hours per month.

For state fiscal year 2021 based on projected increases to the Medicaid child caseload, the updated full implementation caseload service targets are 7,225 annually and 3,250 monthly, and the updated substantial compliance service target is 2,685 monthly.

Plaintiffs will continue working with the State to evaluate the State's targets and assess whether there is appropriate regional caseload distribution in order to satisfy the requirement for Statewideness. In addition, Plaintiffs remain concerned that the statewide and regional length of stay numbers are below the agreed upon average nine-month length of stay used to translate between annual and monthly unduplicated caseloads.

In regard to service intensity, the average statewide WISe service intensity must be no lower than 10.5 hours per month, but no region will have an average service intensity lower than 9 hours per month. HCA continues to monitor progress on WISe service intensity, and reports are posted on the HCA WISe Reports webpage, most recent report Q3 2020. Notification of updates and the link for these reports are also shared with a variety of stakeholders including Plaintiffs' Counsel.

There are a few regions with an average service intensity lower than the 9 hour average regional benchmark. These regions include King and North Central slightly below the benchmark and Great Rivers and Salish slightly above. MCOs are holding Regional WISe Collaborative meetings with WISe agencies in each region across the state. For regions of concern these meetings have focused on identifying challenges and strategies to increase service intensity. When individual agencies within a region are identified that are consistently below the benchmark, MCOs will work with that agency to provide specific feedback and assist in identifying specific strategies to improve service intensity. One strategy statewide is offering telehealth group treatment or therapeutic psychoeducation sessions for youth and family members. In King and North Central specifically, MCOs have been working to reduce the number of individuals enrolled in "split" WISe teams, where the therapist is employed at a non-WISe provider agency. Overall the number of individuals enrolled in split WISe teams in these two regions has declined significantly and no new individuals are being enrolled without a clear medically necessary reason to do so.

HCA will continue to provide updates to Plaintiffs' Counsel on how HCA and MCOs are supporting and monitoring service intensity in the regions with 3-month rolling averages below the monthly average of 9 service hours. The most recent WISe Service Intensity Report from September 2020 was sent to Plaintiffs' Counsel in October 2020 and can be found on the WISe reports page online.

MCOs and En Route continue with ongoing TA regarding service intensity as well as assigned teaming and coaching to underperforming provider agencies with high performing agencies for purposes of cross training.

COVID impact and response: A small decrease in WISe service intensity occurred in March 2020, but this metric largely recovered by April 2020. The recovery was aided by HCA and providers working quickly to transition many services to telehealth and other remote platforms. Preliminary numbers suggest that by summer 2020, roughly two-thirds of WISe

services were provided via telehealth and other remote technologies. While most regions were able to quickly navigate the transition of services from in-person to telehealth, without a prolonged decrease in service intensity, it is worth noting that internet access is not equal across Washington State. Some regions such as Central Washington and parts of Spokane are rural and frontier regions and do not have the same internet access more urban regions have. This poses a challenge for providers in counties such as Ferry, Grant, Lincoln and Okanogan, where not all WISe families have access to connected devices within their homes to use for telehealth services.

E. Implementation Plan Exit Criteria

The fifth unresolved exit criteria, paragraph 71(b), is linked to the WISe Implementation Plan Objective 3. 6-7 to demonstrate WISe caseload capacity. For FY21, HCA has contractual requirements with MCOs for a WISe monthly caseload target of 3276 slightly above the T.R. full implementation target of 3250. To assess and monitor WISe provider capacity, HCA contractually requires monthly WISe Progress reports from the MCOs. The WISe Progress reports are submitted by each plan and reflect the WISe caseload of their members in each region they serve.

HCA provided the September 2020 MCO WISe Progress Reports to Plaintiffs' Counsel to demonstrate regional provider contracted capacity. This report identifies the regional caseload target and tracks monthly the caseload count in each region for each plan. September reports identify that two of 10 regions (North Central, Spokane) need to grow capacity; both received significant contract target increases in July 2020.

COVID impact and response: During the summer season there was a monthly caseload decline which reflects a longstanding seasonal trend. However, the impact of COVID on traditional fall referral sources such as school personnel is yet unknown. MCOs reported WISe providers were being proactive in connecting with referral sources to help support engagement and linkage into WISe.

The September 2020, MCO WISe Progress Reports were provided to Plaintiffs' Counsel in October 2020.

Additional Annual T.R. Implementation Status Reports:

- 2019 https://www.hca.wa.gov/assets/program/wise-implementatiom-status-report-2019.pdf
- 2018 https://www.hca.wa.gov/assets/program/wise-implementation-status-report-2018.pdf
- 2017 https://www.hca.wa.gov/assets/program/wise-implementation-status-report-2017.pdf
- 2016 https://www.hca.wa.gov/assets/program/wise-implementation-status-report-2016.pdf
- 2015 https://www.hca.wa.gov/assets/program/wise-implementation-status-report-2015.pdf

- 2014 https://www.hca.wa.gov/assets/program/wise-implementation-status-report-2014.pdf
- September 2017, Exit Conference
- April and June 2018, Stipulation Re: Clarifications
- July 2019, Stipulation Re: Amended Clarifications

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II. Preparing for Exit

The State anticipates fully exiting the Settlement Agreement by June 30, 2021. During the extension period which is through June 30, 2020, parties will continue to schedule TRIAGe meetings as needed. HCA will continue with the agreed upon reporting schedule, post reports to the HCA website and email links to Plaintiffs' Counsel. HCA will continue to document status updates for the five remaining exit criteria using the established T.R. Exit Criteria Demonstration document format.

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